

diminished. In the morning the abdominal distention had subsided, and the woman was in a fair way of doing well. I left her, giving the necessary directions for her future treatment, and saw her no more. Some time subsequently, I learnt from her master, that her recovery was speedy, and that she had no more returns of the complaint, a radical cure having been effected by the operation.

*Mobile, April 25th, 1835.*

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ART. XII. *Case of Dislocation and Fracture of the Spine.* By GARDINER DORRANCE, M. D. of Amherst, Massachusetts.

IN this Journal for May, 1835, a case of fractured spine is reported, in which depression of the spinous process was removed by an operation. The case proved fatal; but the operator thinks an elevation of the depressed process furnishes the only hope for the patient, and therefore recommends it.

About six years since, Amos Marsh, of Sunderland, while at work in the woods, was struck by a falling tree, and bent to the ground. I saw him soon after he was removed to his house. I found him in bed, saying, that both his thighs were broken. Finding them straight and firm, I suspected loss of sensation in them from injury of the spinal cord. Turning him to his side, I found an angle at the eleventh dorsal vertebra, of forty-five degrees.

It looked like so easy a thing to make the spine straight, that I could hardly resist the inclination to put it so. And the by-standers were impatient at my hesitation to do it. I supposed there was partial dislocation of the vertebræ, which any attempt at reduction would probably make a perfect one. I knew too, that dislocation could not take place without fracture of the spinous or transverse process, and that loose spiculæ of bone would very possibly be driven into the spinal marrow, and cause instant death. A consulting physician, who saw the patient some hours after, was anxious to attempt a reduction; and when dissuaded from that, proposed cutting down and removing the broken and probably depressed fragments of bone. It was, however, concluded to trust the patient to nature, using bleeding and low diet to prevent, as far as possible, inflammatory action in the injured part.

Mr. Marsh had for a number of weeks almost perfect paralysis of the lower limbs, and of the lower abdominal viscera. Urine was drawn off by the catheter, and the bowels moved by stimulating injections. By degrees, sensibility and mobility returned to the limbs, and the bladder and rectum resumed their functions. In four months the patient walked with crutches, and in six, with a staff. In less than a year, he resumed his trade, that of a cooper, and he now performs as much labour, sometimes in his shop, and sometimes in the field, as most men of his age. There is a stooping of his back, and a sideway motion to his gait. The vertebræ are not in place, though more so than at first, and I believe much more so than art could have placed them.

The palsy of the parts below the injury, shows that the spinal marrow was compressed, either by displaced vertebræ, or by the depression of their spinous processes. Nature has by some means gradually removed the compression. In the hurry and agitation of such an accident, the physician wants some rule of practice to guide him. From the fatality or permanent paralysis of the lower extremities, which have attended all the cases I have known of, where reduction of dislocation or removal of depression have been attempted. I consider the favourable result in the case of Mr. Marsh may encourage us to wait and hope. The curative powers of nature are often greater than we are disposed to believe them.

*June 22d, 1835.*